

CONTRACT #3
RFS # 318.66-028

**Department of Finance &
Administration/Bureau
of TennCare**

VENDOR:
**Volunteer State Health Plan,
Inc.**

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-028		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14859-00	PROPOSED AMENDMENT #	15
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	\$3,235,252,751.23		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$3,235,252,751.23		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accreditation; strengthens conflict of interest disclosure requirements; strengthens MCO financial requirements; lowers the administrative fee to mirror TennCare Select; as well as various other housekeeping issues involving language clarifications.			

(2) explanation of need for the proposed amendment :

Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended financial requirements and language clarifications.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

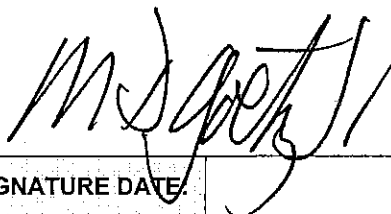
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE



6-15-05

KOV

CONTRACT SUMMARY SHEET

RFS Number	318.66-028	Contract Number	FA-02-14859-15
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	VOLUNTEER STATE HEALTH PLAN, INC	
Contract Identification Number	<input type="checkbox"/> V-	<input type="checkbox"/> C-

Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2006
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Item No.	Cost Center	Object Code	Fund	STARS	Contract Code	Subcontract Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL Amendments)	
2002	\$ 211,390,549.00	\$ 368,945,043.00			\$ 580,335,592.00	
2003	\$ 219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00	
2004	\$ 219,561,969.10	\$ 405,873,066.13			\$ 625,435,035.23	
2005	\$ 223,265,116.00	\$ 409,348,300.00			\$ 632,613,416.00	
2006	\$ 196,511,500.00	\$ 334,061,100.00			\$ 530,572,600.00	
2007	\$ 93,626,200.00	\$ 171,660,100.00			\$ 265,286,300.00	
Total	\$1,163,425,878.94	\$ 2,071,826,872.29			\$ 3,235,252,751.23	

CFDA #	93.778 Title XIX Dept. of Health & Human Services	Check the box ONLY if the answer is YES
State Fiscal Contract		Is the vendor a SUBSIDIARY of (DO NOT A-139)
Name	Scott Pierce	Is the vendor a Vendor of (DO NOT A-139)
Address	729 Church Street	Is the vendor a Vendor of (DO NOT A-139)
Phone	Nashville, TN (615)532-1362	Is the vendor a Vendor of (DO NOT A-139)
Procuring Agency/Budget Officer approval Signature		Is the vendor a Vendor of (DO NOT A-139)
Scott Pierce		Is the vendor a Vendor of (DO NOT A-139)

COMPLETE FOR ALL AMENDMENTS (ONLY IF AMENDMENT)			Funding Certification	
END DATE	Amendment #	Amendment to	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
	12/31/2006			
FY: 02	\$580,335,592.00	\$0.00		
FY: 03	\$601,009,808.00	\$0.00		
FY: 04	\$625,435,035.23	\$0.00		
FY: 05	\$632,613,416.00	\$0.00		
FY: 06	\$530,572,600.00	\$0.00		
FY: 07	\$265,286,300.00	\$0.00		
Total	\$3,235,252,751.23	\$0.00		

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-028		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Managed Care organization which provides medically necessary health care services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14859-00	PROPOSED AMENDMENT #	14
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	07/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$2,617,381,968.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$3,235,252,751.23		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Extends the term of current contract as well as provide funding for term extension.			
(2) explanation of need for the proposed amendment :			

We believe that it is in the best interests of the State to maintain this relationship to ensure the stability of the TennCare Program and prevent the disruption of services to TennCare enrollees.

(3) **name and address of the proposed contractor's principal owner(s) :**
(not required if proposed contractor is a state education institution)

Volunteer State Health Plan
801 Pine Street
Chattanooga, TN 37402-2555

(4) **documentation of OIR endorsement of the Non-Competitive procurement request :**
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) **documentation of Department of Personnel endorsement of the Non-Competitive procurement request :**
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) **description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :**

This contract is not a result of non-competitive negotiations. MCO contracts have been offered to any organization that has expressed interest, demonstrated specific qualifications outlined in the Agreements, and willingly accepted the terms of the Agreements. There are currently 6 different organizations that have MCO Contracts.

(7) **justification of why the F&A Commissioner should approve a Non-Competitive Amendment :**

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that provider currently has, TennCare is confident that the continuation of this agreement will prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number	318.66-028	Contract Number	FA-02-14859-13
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description	
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population	
Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 211,390,549.00	\$ 368,945,043.00			580,335,592.00	
2003	\$ 219,070,544.84	\$ 381,939,263.16			601,009,808.00	
2004	\$ 219,561,969.10	\$ 405,873,066.13			625,435,035.23	
2005	\$ 201,337,365.10	\$ 373,077,262.13			574,414,627.23	
2006	\$ 83,928,478.55	\$ 152,258,427.06			236,186,905.61	
Total	\$ 935,288,906.59	\$ 1,682,093,061.48			2,617,381,968.00	
CHDA#	93.778					

State/Fiscal Contract		Check the box ONLY if the answer is YES	
Name	Dean Daniel	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address	729 Church Street	Is the Contractor a Vendor? (per OMB A-133)	
Phone	Nashville, TN (615)532-1362	Is the Fiscal Year Funding STRICTLY LIMITED?	
Procuring Agency/Budget Officer Approval Signature		Is the Contractor on STARS?	
Scott Pierce		Is the Contractor's FORM W-9 ATTACHED?	
COMPLETE FOR ALL AMENDMENTS (only)		Is the Contractor's Form W-9 Filed with Accounts?	

END DATE	Base Contract & Prior Amendments	This Amendment ONLY
FY: 02	12/31/2005	
FY: 03	\$580,335,592.00	\$0.00
FY: 04	\$601,009,808.00	\$0.00
FY: 05	\$625,435,035.23	\$0.00
FY: 06	\$472,373,811.23	\$102,040,816.00
	\$236,186,905.61	\$0.00
Total	\$2,515,341,152.07	\$102,040,816.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCR RELEASED

TO ACCOUNTS

RECEIVED

RECEIVED
JUN 26 PM 12:23
MANAGEMENT SERVICES


CONTRACT SUMMARY SHEET

RIS Number	318.66-028	Contract Number	FA-02-14859-12
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> M- <input type="checkbox"/> C-	

Service Description
 Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Contract Code	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$219,561,969.10	\$ 405,873,066.13			\$	625,435,035.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
Total	\$901,808,498.59	\$ 1,613,532,653.48			\$	2,515,341,152.00

OMB#	93.778	Check the box, ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT (per OMB A-133)?	
Name: Dean Daniel		Is the Contractor a Vendor? (per OMB A-133)	
Address: 729 Church Street		Is the Contractor a Non-Profit?	
Phone: Nashville, TN		Is the Contractor a Non-Profit?	
(615)532-1362		Is the Contractor a Non-Profit?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	
Scott Pierce		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
FY: 02	\$580,335,592.00	\$0.00		
FY: 03	\$601,009,808.00	\$0.00		
FY: 04	\$623,394,219.23	\$2,040,816.00		
FY: 05	\$472,373,811.23	\$0.00		
FY: 06	\$236,186,905.61	\$0.00		
Total	\$2,513,300,336.07	\$2,040,816.00		

OCR RELEASED

TO ACCOUNTS

RECEIVED

DEC 2 6 2004

Office of Contract Review

RECEIVED
 NOV 26 PM 12:25
 DEPT OF REVENUE
 TAXATION SERVICES

CONTRACT SUMMARY SHEET

RPS Number	318.66-028	Contract Number	FA-02-14859-11
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C2	

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Codes	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount, including All amendments	
2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$218,892,361.10	\$ 404,501,858.13			\$	623,394,219.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
Total	\$901,138,890.60	\$ 1,612,161,445.48			\$	2,513,300,336.07

GLDA	93.778	Check the box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Dean Daniel Address: 729 Church Street Phone: Nashville, TN (615)532-1362		Is the Contractor a Vendor? (per OMB A-133)
Procuring Agency Budget Officer Approval Signature		Is the Fiscal Year Funding STIRBLY LIMITED?
Dean Daniel <i>Dean Daniel</i> 6/22/04		Is the Contractor on STARS?
		Is the Contractor's FORM 990 ATTACHED?
		Is the Contractor's Form 990 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE	12/31/2005			
FY: 02	\$580,335,592.00	\$0.00		
FY: 03	\$601,009,808.00	\$0.00		
FY: 04	\$623,394,219.23	\$0.00		
FY: 05	\$472,373,811.23	\$0.00		
FY: 06	\$236,186,905.61	\$0.00		
Total	\$2,513,300,336.07	\$0.00		

RECEIVED
JUN 23 PM 3:26
COMPLETION OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RF# Number:	318.66-028	Contract Number:	FA-02-14859-10
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service/Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 211,390,549.00	\$ 368,945,043.00			\$ 580,335,592.00	
2003	\$ 219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00	
2004	\$ 218,892,361.10	\$ 404,501,858.13			\$ 623,394,219.23	
2005	\$ 167,856,957.10	\$ 304,516,854.13			\$ 472,373,811.23	
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$ 236,186,905.61	
Total	\$ 901,138,890.60	\$ 1,612,161,445.48			\$ 2,513,300,336.07	

CFDA#	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel Address: 729 Church Street Phone: Nashville, TN (615)532-1362		Is the Contractor a Vendor? (per OMB A-133)	
Procuring Agency Budget Officer Approval Signature		Is the Fiscal Year Funding STRICTLY LIMITED?	
Dean Daniel		Is the Contractor on STARS?	
<i>Dean Daniel</i> 061404		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02	\$580,335,592.00	\$0.00	
FY: 03	\$601,009,808.00	\$0.00	
FY: 04	\$623,394,219.23	\$102,040,816.00	
FY: 05	\$472,373,811.23	\$0.00	
FY: 06	\$236,186,905.61	\$0.00	
Total	\$2,513,300,336.07	\$102,040,816.00	

RECEIVED
2004 JUN 24 PM 2:01
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

318.66-028

FA-02-14859-09

Department of Finance and Administration

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	OSN Code	DBP Code	Unit	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
Fiscal Year				Total Contract Amount (including all amendments)		
2002				\$ 580,335,592.00		
2003				\$ 601,009,808.00		
2004				\$ 521,353,403.23		
2005				\$ 472,373,811.23		
2006				\$ 236,186,905.61		
Total				\$ 2,411,259,520.07		

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel

Dean Daniel 12/23/03

Summary of Amendments		
FY	Amendment	Amount
	12/31/2005	
FY: 02		\$580,335,592.00
FY: 03		\$601,009,808.00
FY: 04		\$521,353,403.23
FY: 05		\$472,373,811.23
FY: 06		\$236,186,905.61
Total		\$2,411,259,520.07

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RF# Number	318.66-028	Contract Number	FA-02-14859-08
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number
VOLUNTEER STATE HEALTH PLAN, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$185,411,953.10	\$ 335,941,450.13			\$	521,353,403.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
Total	\$867,658,482.60	\$ 1,543,601,037.48			\$	2,411,259,520.07

CFDA#	93.778	Checking box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-135)
Name: Dean Daniel		Is the Contractor a Vendor? (per OMB A-135)
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN		Is the Contractor on STARS?
(615)532-1362		Is the Contractor's FORM W-9 ATTACHED?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's Form W-9 filed with Accounts?
Dean Daniel	<i>Dean Daniel</i> 12/17/03	

COMPLETE FOR ALL AMENDMENTS (ONLY)			Funding Certification
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02	\$580,335,592.00	\$0.00	
FY: 03	\$601,009,808.00	\$0.00	
FY: 04	\$472,373,811.23	\$48,979,592.00	
FY: 05	\$472,373,811.23	\$0.00	
FY: 06	\$236,186,905.61	\$0.00	
Total	\$2,362,279,928.07	\$48,979,592.00	

RECEIVED
DEC 5 2003
Office of Contract Admin

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Number	FA-02-14859-07
Contract Agency	Department of Finance and Administration	Contract Agency	Bureau of TennCare
Contract Title	VOLUNTEER STATE HEALTH PLAN, INC		
Contract Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population		
Contract Start Date	7/1/2001	Contract End Date	12/31/2005

Contract Code	318.66	Contract Code	411	Contract Code	134	Contract Code	11	Contract Code	<input type="checkbox"/> STARS
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Fiscal Year	Contract Amount	Contract Amount	Contract Amount	Contract Amount	Contract Amount
2002	\$211,390,549.00	\$368,945,043.00			\$580,335
2003	\$219,070,544.84	\$381,939,263.16			\$601,009
2004	\$167,856,957.10	\$304,516,854.13			\$472,373
2005	\$167,856,957.10	\$304,516,854.13			\$472,373
2006	\$83,928,478.55	\$152,258,427.06			\$236,186
	\$850,103,486.60	\$1,512,176,441.48			\$2,362,279

Contract Amount	93.778
Contract Agency	Dean Daniel 729 Church Street Nashville, TN (615)532-1362

Dean Daniel *Dean Daniel* 6/30/03

Fiscal Year	Contract Amount	Contract Amount
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$449,989,400.00	\$22,384,411.23
FY: 05	\$449,989,400.00	\$22,384,411.23
FY: 06	\$224,994,700.00	\$11,192,205.61
Total	\$2,306,318,900.00	\$55,961,028.07

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to obligations previously incurred.

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MANAGEMENT SERVICES

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Office of Contract

CONTRACT SUMMARY SHEET

RFS Number	318.66-028	Contract Number	FA-02-14859-06
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number
VOLUNTEER STATE HEALTH PLAN, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Alignment Code	Post Office	Object Code	Fund	Grant	State Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including All Amendments)	
2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592
2003	\$ 219,070,545	\$ 381,939,263			\$	601,009,808
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700
Total	\$ 843,551,844	\$ 1,462,767,056			\$	2,306,318,900

CFO/DA	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contract	5. The Contractor a SUPPLEMENT (per OMB A-133)
Name: Dean Daniel	5. The Contractor a Vendor (per OMB A-133)
Address: 729 Church Street	5. The Fiscal Year Funding is ONLY LIMITED?
Phone: Nashville, TN (615)532-1362	5. The Contractor a STARS?

Producing Agency/Budget Officer Approval Signature	5. The Contractor's FORM 9 ATTACHED?
Dean Daniel <i>Dean Daniel</i> 11/7/02	5. The Contractor's Form was filed with Accounts?

COMPLETE FOR ALL AMENDMENTS ONLY			Funding Certification
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02	\$580,335,592		
FY: 03	\$498,968,992	\$102,040,816	
FY: 04	\$449,989,400		
FY: 05	\$449,989,400		
FY: 06	\$224,994,700		
Total	\$2,204,278,084	\$102,040,816	

CONTRACT SUMMARY SHEET

RFPS Number	318.66-028	Contract Number	FA-02-14859-05
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	<input type="checkbox"/> V- <input type="checkbox"/> C-	Contract Identical to Numbers
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VOLUNTEER STATE HEALTH PLAN, INC

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Alignment Code	318.66	Cost Center	411	Object Code	134	Fund	11	Grant	<input type="checkbox"/> STARS	Grant Code		Subgrant Code	
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FY	State Fund	Federal Funds	Interstate/Other Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$ 211,390,549	\$ 368,945,043			\$ 580,335,592
2003	\$ 182,696,055	\$ 316,272,937			\$ 498,968,992
2004	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$ 224,994,700
Total	\$ 807,177,354	\$ 1,397,100,730			\$ 2,204,278,084

COBIDAY	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contract	State Fiscal Contract	State Fiscal Contract
Name	Dean Daniel	State Fiscal Contract
Address	729 Church Street	State Fiscal Contract
Phone	Nashville, TN	State Fiscal Contract
	(615)532-1362	State Fiscal Contract

Procuring Agency Budget Officer Approval Signature	Dean Daniel	11/7/02
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Base Contract	Amendments	Total Amendment ON
12/31/2005		
FY: 02	\$580,335,592	
FY: 03	\$449,989,400	\$48,979,592
FY: 04	\$449,989,400	
FY: 05	\$449,989,400	
FY: 06	\$224,994,700	
Total	\$2,155,298,492	\$48,979,592

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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MANAGEMENT SERVICES

Contract Number		318.66-028		Contract Number		FA-02-14859-04	
Contract Agency		Department of Finance and Administration		Contract Agency		Bureau of TennCare	
Contractor				Contract Identification Number			
VOLUNTEER STATE HEALTH PLAN, INC				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/01				12/31/05			
Contract Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	411	134	11	<input type="checkbox"/> STARS			
	State Funds	Federal Funds	Interdepartmental	Other Funding	Total Contract Amount including		
			Transfers		All Amendments		
2002	\$ 211,390,549	\$ 368,945,043			\$ 580,335,592		
2003	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400		
2004	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400		
2005	\$ 165,236,300	\$ 284,753,100			\$ 449,989,400		
2006	\$ 82,618,150	\$ 142,376,550			\$ 224,994,700		
Total	\$ 789,717,599	\$ 1,365,580,893			\$ 2,155,298,492		
CFDA#	93.778			Check the box ONLY if the answer is YES			
State Fiscal Contract				Is this contract a SUPPLEMENT to an OMB #?			
Contract Officer				Is this contract a Vendor (per OMB #)?			
Contract Officer Name				Is this contract a contract with a Vendor?			
Contract Officer Address				Is this contract a contract with a Vendor?			
Contract Officer Phone				Is this contract a contract with a Vendor?			
Contract Officer Email				Is this contract a contract with a Vendor?			
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Contract Officer Title				Is this contract a contract with a Vendor?			
Contract Officer Date				Is this contract a contract with a Vendor?			
Contract Officer Signature				Is this contract a contract with a Vendor?			

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Title	FA-02-74859-03
Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor	VOLUNTEER STATE HEALTH PLAN, INC		
Contract Description	<input type="checkbox"/> V- <input type="checkbox"/> C-		

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	1/01	Contract End Date	12/31/05
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Contract Number	Center	Object Code	Item	Unit	Grant Code	Subgrant Code
318.66	411	134	11		<input type="checkbox"/> STARS	
Year	State Funds	Federal Funds	Interdepartmental Funds	Current Funding	Total Contract Amount including all amendments	
2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592
2003	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700
Total	\$ 789,717,599	\$ 1,365,580,893			\$	2,155,298,492
SPY	93.778					

State/Local Contract	Dean Daniel 729 Church Street Nashville, TN (615)532-1362
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Program Agency Budget Officer Approval Signature
 Dean Daniel 7/1/02

COMMITTEE FOR ALL AMENDMENTS ONLY		
Item	Amount	Balance
12	12/31/05	
13	\$580,335,592	\$0
14	\$512,988,652	-\$62,999,252
15	\$512,988,652	-\$62,999,252
16	\$512,988,652	-\$62,999,252
17	\$256,494,327	-\$31,499,627
Total	\$2,375,795,875	-\$220,497,383

Pursuant to T.C.A., Section 9-6-113, I, C: Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

C O N T R A C T S U M M A R Y S H E E T

Contract Number	FA-02-14859-02	State Agency	Tennessee Department of Finance and Administration
	RFS # 318.66-028	Division	Bureau of TennCare
Contractor		Vendor ID Number	
Volunteer State Health Plan, Inc.		<input type="checkbox"/> V— <input type="checkbox"/> C—	

Service Description

Managed Care Organization Services / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date

Contract End Date

07/01/01

12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	109	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$211,390,549.00	\$368,945,043.00			\$580,335,592.00
2003	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00
2004	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00
2005	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00
2006	\$ 93,165,152.00	\$163,329,175.00			\$256,494,327.00
Total	\$863,546,610.00	\$1,512,249,265.00			\$2,375,795,875.00

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Address Phone	Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	Dean Daniel 4/30/02	

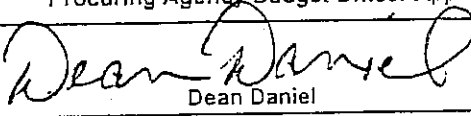
COMPLETE FOR ALL AMENDMENTS (only)

Contract End Date	Base Contract & Prior Amendments	This Amendment ONLY
2002	\$559,927,428.00	\$20,408,164.00
2003	\$512,988,652.00	
2004	\$512,988,652.00	
2005	\$512,988,652.00	
2006	\$256,494,327.00	
Total	\$2,355,387,711.00	\$20,408,164.00

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number		FA-02-14859-01		State Agency		Tennessee Department of Finance and Administration	
		RFS # 318.66-028		Division		Bureau of TennCare	
Contractor				Vendor ID Number			
Volunteer State Health Plan, Inc.				<input type="checkbox"/> V— <input type="checkbox"/> C—			
Service Description							
Managed Care Organization Services / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
07/01/01				12/31/2005			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	109	134	11	<input type="checkbox"/> on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$203,977,794.00	\$355,949,634.00			\$559,927,428.00		
2003	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2004	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2005	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2006	\$ 93,165,152.00	\$163,329,175.00			\$256,494,327.00		
RELEASED TO ACCOUNTS DIVISION MAR 11 2002 BY OFFICE OF CONTRACTS REVIEW							
<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited			CFDA Number	93.778		
<input type="checkbox"/>	Contractor is on STARS			State Fiscal Contact			
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached			Name	Dean Daniel		
<input type="checkbox"/>				Address	729 Church Street, Nashville TN 37247-6501		
<input type="checkbox"/>				Phone	(615) 532-1362		
<input type="checkbox"/>	Service Provider Registered with F&A			Procuring Agency Budget Officer Approval Signature			
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)			 Dean Daniel 3/4/02			
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
	Base Contract & Prior Amendments	This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
Contract End Date	12/31/05						
2002	\$512,988,652.00	\$46,938,776.00					
2003	\$512,988,652.00						
2004	\$512,988,652.00						
2005	\$512,988,652.00						
2006	\$256,494,327.00						
Total	\$2,308,448,935.00	\$46,938,776.00					

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